

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012460

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 112

DO NOT WRITE
ON THIS STUD

AMENDED

FILED APR 4 1963

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u> Length of stay in 1b <u>DOA</u>		c. CITY OR TOWN <u>Hannibal</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp</u>		d. STREET ADDRESS <u>R #3</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mattie</u> Middle <u>Alice</u> Last <u>Tatman</u>			4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 2, 1885</u>	9. AGE (last birthday) <u>77</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landscaper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>James, Mo</u>	11. BIRTHPLACE (City, and state or country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lester Whitaker</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Lane</u>	14. NAME OF HUSBAND OR WIFE <u>Walter L. Tatman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>[Redacted]</u>	17. INFORMANT Address <u>Walter L. Tatman - Hannibal, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarct</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> DUE TO (b) <u>Arteriosclerotic Vascular Disease</u> DUE TO (c) <u>2 yrs.</u>	
Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from January 1, 1963 to March 26, 1963 and last saw her alive on February 1, 1963.
Death occurred at 4:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert J. Lanning M.D.</u> (Degree or title)	22b. ADDRESS <u>Hannibal, Mo.</u>	22c. DATE SIGNED <u>2/24/63</u>
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23a. BURIAL, CREMATION, or REMOVAL (Specify)	23b. DATE <u>March 23, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>First View Cem Hannibal, Mo</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <u>Black Funeral Home - Hannibal, Mo</u> ADDRESS <u>March 28 - 63</u>	25. DATE RECD. BY LOCAL REG. <u>Mar 28 - 63</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. L. G. Lillian M. Herman</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

4/17/63

Mattie

Mattie

3

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF Informant

Issued March 28-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph E. Clark

Licensed Embalmer No.

4217

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.